

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR EXTENSION OF ASSOCIATE CLINICAL SOCIAL WORKER REGISTRATION

Submit a completed application to: Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240

An associate may apply for, and the Board shall grant, one-year extensions beyond the six-year registration period when no grounds exist for denial, suspension, or revocation of the registration pursuant to Section 480. An associate shall be eligible to receive a maximum of three one-year extensions. An associate who practices pursuant to an extension shall not practice independently and shall comply with all requirements governing experience, including supervision, even if the associate has completed the hours of experience required for licensure. Each extension shall commence on the date when the last associate renewal or extension expires. **Your extension application must be post marked prior to the expiration date of your associate registration.**

- ☐ 1. APPLICATION: Complete all sections, giving specific dates where requested. The application **must** be signed and all fees included.
- ☐ 2. FINGERPRINT CARD(S): Please see instructions for completing and submitting fingerprint card(s). **If your fingerprints are already on file with this Board you are not required to resubmit.**
- ☐ 3. FEE:
 - a. If you already have a fingerprint card(s) on file with this Board, submit a \$50.00 check or money order made payable to the Behavioral Sciences Fund.
 - b. If you do not have a fingerprint card(s) on file, submit a \$92.00 check or money order made payable to the Behavioral Sciences Fund. The \$92.00 fee consists of a \$50.00 application fee and a \$42.00 Department of Justice (DOJ) fingerprint fee.
 - c. If you possess an out-of-state degree and do not have fingerprint cards on file, submit a \$116.00 check or money order made payable to the Behavioral Sciences Fund. The \$116.00 fee consists of a \$50.00 application fee, a \$42.00 DOJ fingerprint fee and a \$24.00 Federal Bureau of Investigation fingerprint fee.

PLEASE ALLOW 60 DAYS FOR YOUR APPLICATION TO BE EVALUATED. If your application is complete, you will be issued a one-year extension of your registration. If the application is incomplete, you will be advised as to the additional required information which must be provided within 30 days of notification. After 30 days, the original application will be closed and you will not be issued an extension. If acknowledgment of receipt is desired, you must send a self-addressed, stamped postcard which will be date-stamped and returned. ***Acknowledgment of receipt does not constitute approval.***

I. INFORMATION

- 1. GENERAL:
All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**
- 2. ADDRESS and CHANGE OF ADDRESS:
The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations, Section 1804 states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**
- 3. LAWS AND REGULATIONS:
To obtain a copy of the *Laws and*, **please submit a written request and a self-addressed label to the Board**, (type or print clearly your name and address on the label as it will be used to mail the publication to you), **or you may download the information from our internet website at <<http://www.bbs.ca.gov>>.**

II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have been convicted of a misdemeanor or felony (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

NOTE: Failure to provide the above information with your application may result in a delay in determining your eligibility.

**APPLICATION FOR EXTENSION OF ASSOCIATE CLINICAL
SOCIAL WORKER REGISTRATION**

1800 37A-560 (REV. 2/02)

BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240
TELEPHONE: (916) 445-4933 TDD: (916) 322-1700
WEBSITE ADDRESS: <http://www.bbs.ca.gov>APPROPRIATE FEE MUST ACCOMPANY THIS FORM
Make check payable to - Behavioral Sciences Fund*For Office Use Only:*

Cashiering No.

FP Card Rec'd. ☐ YES ☐ NOConviction ☐ YES ☐ NODisciplinary Action ☐ YES ☐ NO*(Please type or print clearly in ink)*

1. NAME: Last First Middle

Maiden name and any other AKA

FILE NUMBER

ASW NUMBER

2. ADDRESS OF RECORD:* Number and Street

City

State

Zip Code

3. BUSINESS TELEPHONE:

4. RESIDENCE TELEPHONE:

5. BIRTH DATE: mo/day/yr

6. SOCIAL SECURITY NUMBER:**

7. SEX:

8. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?

(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) **YES** ☐ **NO** ☐*If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION (S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.*9. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? **YES** ☐ **NO** ☐*If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE (S) section of the instructions.****I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Providing false information or omitting required information are grounds for denial of licensure or license revocation in California.***_____
Date_____
Signature of Applicant****The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.********Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.***